

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2011 AUG -8 AM 9:36

Office Use Only
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street)

4166 BURGUNDY WAY

P.O. BOX 3263

Check if different than previously reported. (ACC)

NAPA

CA

94558

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00455659

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01 01 2011

through

06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JOSEPH BLEVINS

Signature of Treasurer

Joseph Blevins

Date

07 26 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

11030650698

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From: **01 01 2011** To: **06 30 2011**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1525		1525.00
(b) Cash on Hand at Beginning of Reporting Period.....	1,025.00	
(c) Total Receipts (from Line 19).....	340.00	340.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1365.00	1865.00
7. Total Disbursements (from Line 31).....	00.00	500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1,365.00	1365.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	00.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	00.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

11030650699

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NAPA COUNTY/REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period:

From:

01 01 2011

To:

06 30 2011

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	00.00	00.00
(ii) Unitemized.....	340.00	340.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	340.00	340.00
(b) Political Party Committees.....	00.00	00.00
(c) Other Political Committees (such as PACs).....	00.00	00.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	340.00	340.00
12. Transfers From Affiliated/Other Party Committees.....	00.00	00.00
13. All Loans Received.....	00.00	00.00
14. Loan Repayments Received.....	00.00	00.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	00.00	00.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	00.00	00.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	00.00	00.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	00.00	00.00
(b) Levin Funds (from Schedule H5).....	00.00	00.00
(c) Total Transfers (add 18(a) and 18(b))..	00.00	00.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	00.00	00.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	340.00	340.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	00.00	00.00
(ii) Non-Federal Share.....	00.00	00.00
(b) Other Federal Operating Expenditures	00.00	500.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00.00	500.00
22. Transfers to Affiliated/Other Party Committees.....	00.00	00.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	00.00	00.00
24. Independent Expenditures (use Schedule E).....	00.00	00.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	00.00	00.00
26. Loan Repayments Made.....	00.00	00.00
27. Loans Made.....	00.00	00.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00.00	00.00
(b) Political Party Committees	00.00	00.00
(c) Other Political Committees (such as PACs).....	00.00	00.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	00.00	00.00
29. Other Disbursements	00.00	00.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00.00	00.00
(ii) "Levin" Share	00.00	00.00
(b) Federal Election Activity Paid Entirely With Federal Funds	00.00	00.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	00.00	00.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	500.00	500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	00.00	00.00
34. Total Contribution Refunds (from Line 28(d))	00.00	00.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00.00	00.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	500.00	500.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	00.00	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	500.00	500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FE R LINE NUMBER: PAGE 6 OF 14
(check only one)
 21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
NAPA SOLANO HOME & GARDEN SHOW

Mailing Address
P.O. BOX 475

City **LINCOLN** State **CA** Zip Code **95648**

Purpose of Disbursement
REPUBLICAN BOOTH RENTAL

Candidate Name
N/A

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **VOTER LITERATURE DIST. & REG. LIST.**

State: **ALL** District: _____

Date of Disbursement
03-11-2011

Amount of Each Disbursement this Period
500

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... **500.00**

TOTAL This Period (last page this line number only)..... **500.00**

11030650703

**SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for
Information found on
Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) CLAPA COUNTY REPUBLICAN CENTRAL COMMITTEE		FEC IDENTIFICATION NUMBER C00455659	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR) %
Mailing Address		Date Incurred or Established	
City	State	Zip Code	Date Due
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the estimated value?	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:		Location of account: Address: City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE	
Title			

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**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans**

NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

NONE

1) SUBTOTALS This Period This Page (optional).....	
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

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SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 10 OF 14
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE	<input type="checkbox"/> Check if 24-hour notice
--	--

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee Mailing Address City State ZIP Code
--	--

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	MM/DD/YYYY	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	MM/DD/YYYY	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	MM/DD/YYYY	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

NONE

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SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		

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SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN/REPUBLICAN CENTRAL

A. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement:
 Activity or Event Identifier:
 Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
 Allocated Activity or Event Year-To-Date
 Date
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement:
 Activity or Event Identifier:
 Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
 Allocated Activity or Event Year-To-Date
 Date
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement:
 Activity or Event Identifier:
 Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
 Allocated Activity or Event Year-To-Date
 Date
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

11030650709

NONE

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 13 OF 14
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

NAPA

11030650710

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)**

NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
Allocated Activity or Event Year-To-Date

City **State** **Zip Code**
Purpose of Disbursement **Category/Type** **Date**

FEDERAL SHARE + **LEVIN SHARE** = **TOTAL AMOUNT**

B. Full Name (Last, First, Middle Initial) / Full Organization Name
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
Allocated Activity or Event Year-To-Date

City **State** **Zip Code**
Purpose of Disbursement **Category/Type** **Date**

FEDERAL SHARE + **LEVIN SHARE** = **TOTAL AMOUNT**

C. Full Name (Last, First, Middle Initial) / Full Organization Name
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
Allocated Activity or Event Year-To-Date

City **State** **Zip Code**
Purpose of Disbursement **Category/Type** **Date**

FEDERAL SHARE + **LEVIN SHARE** = **TOTAL AMOUNT**

SUBTOTAL of Shared Federal and Levin Activity This Page
FEDERAL SHARE + **LEVIN SHARE** = **TOTAL AMOUNT**

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))
FEDERAL SHARE **TOTAL AMOUNT**
LEVIN SHARE

TOTAL This Period for the Levin Share

11030650711

VOID

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
7/27/11

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER
 (3/2005)

8/3/11
 DATE PREPARED

11030650712